- 16 **Marsh MN**, Ryley SA. Digestion and absorption of nutrients and vitamins. In: Feldman M, Scharshmidt BF, Sleisenger MH, eds. *Sleisenger & Fordtran's gastrointestinal and liver disease: pathophysiology/diagnosis/management*. Philadelphia, PA: WB Saunders, 1998:1471–500.
- 17 **Feinle C**, Rades T, Otto B, et al. Fat digestion modulates gastrointestinal sensations induced by gastric distention and duodenal lipid in humans. *Gastroenterology* 2001;**120**:1100–7.
- 18 **Spiller RC**, Trotman IF, Higgins BE, et al. The ileal brake—inhibition of jejunal motility after ileal fat perfusion in man. *Gut* 1984;**25**:365–74.
- 19 **Miller LJ**, Malagelada JR, Taylor WF, et al. Intestinal control of human postprandial gastric function: the role of components of jejunoileal chyme in regulating gastric secretion and gastric emptying. *Gastroenterology* 1981;**80**:763–9.
- 20 **Coulie B**, Tack J, Sifrim D, et al. Role of nitric oxide in fasting gastric fundus tone and in 5-HT₁ receptor-mediated relaxation of gastric fundus. *Am J Physiol* 1999;**276**(Pt 1):G373–7.
- 21 **Davison JS**, Clarke GD. Mechanical properties and sensitivity to CCK of vagal gastric slowly adapting mechanoreceptors. *Am J Physiol* 1988;**255**(Pt 1):G55–61.
- 22 **Lal S**, McLaughlin J, Barlow J, et al. Cholecystokinin pathways modulate sensations induced by gastric distension in humans. *Am J Physiol Gastrointest Liver Physiol* 2004;**287**:G72–9.
- 23 **Sengupta JN**, Gebhart GF. Gastrointestinal afferents and sensation. In: Johnson LR, eds. *Physiology of the gastrointestinal tract*. New York: Raven, 1994:483–519.
- 24 **Melone J**. Vagal receptors sensitive to lipids in the small intestine of the cat. *J Auton Nerv Syst* 1986;**17**:231–41.
- 25 **Ren K**, Randich A, Gebhart GF. Effects of electrical stimulation of vagal afferents on spinothalamic tract cells in the rat. *Pain* 1991;**44**:311–19.
- 26 **Moragas G**, Azpiroz F, Pavia J, et al. Relations among intragastric pressure, postcibal perception and gastric emptying. *Am J Physiol* 1993;**264**:G1112–17.

EDITOR'S QUIZ: GI SNAPSHOT

An unusual cause of acute pancreatitis?

Robin Spiller, Editor

Clinical presentation

A 70-year-old woman presented with a 48-h history of acute epigastric pain, nausea and non-bilious vomiting. Her medical history included hypertension, appendectomy and recurrent right upper quadrant pain 2–3 times weekly for the past 3 months. No dyslipidaemia or alcoholism were noted. On examination, there was sinus tachycardia (120 bpm) and epigastric tenderness, with no palpable mass or jaundice. Blood tests showed abnormal liver and pancreatic results: aminotransferase 134 U/L, alanine transaminase 181 U/L, γ -glutamyltransferase 407 U/L, alkaline phosphatase 206 U/L, amylase 240 U/L and lipase 1515 U/L. The remaining laboratory tests were normal. Her acute pancreatitis was managed conservatively, with normalisation of hepatopancreatic blood tests. Abdominal ultrasound showed a large gallbladder, discrete dilation of the intrahepatic biliary tract and the common bile duct, with a possible duodenal process. Upper gastrointestinal endoscopy and magnetic resonance cholangiopancreatography were therefore performed (figs 1, 2).

Question

What does endoscopy (fig 1) and magnetic resonance cholangiopancreatography (fig 2) show?

See page 51 for answer

R Noun, S Zeidan, E Riachy

Department of General Surgery, Hotel Dieu de France Hospital, Beirut, Lebanon

K Honein

Department of Gastroenterology, Hotel Dieu de France Hospital, Beirut, Lebanon

Correspondence to: Dr S Zeidan, Department of General Surgery, Hotel Dieu de France Hospital, Alfred Naccache Street, Achrafieh, PO Box 166830, Beirut, Lebanon; smart_zeidan@yahoo.com

doi: 10.1136/gut.2006.092536

Figure 1 A single voluminous polyp exceeding 6 cm at the descending (second) part of the duodenum before the ampulla of Vater.

Figure 2 Dilatation of the extrahepatic bile duct (12 mm) without any distal obstruction was noted. There is no dilation of the pancreatic duct.